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Bib Data Sheet

CONFIRMATION NO. 9428

SERIAL NUMBER 09/196,680	FILING DATE 11/20/1998 RULE	CLASS 169	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. 052250-5008	
APPLICANTS STEPHEN J. MEYER, MALVERN, PA; GEORGE S. POLAN, PERKIOMENVILLE, PA; JAMES E. GOLINVEAUX, NORTH WALES, PA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/15/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
ADDRESS 09629					
TITLE ORDINARY HAZARD EXTENDED COVERAGE SIDEWALL SPRINKLERS AND SYSTEMS					
FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/196,680	11/20/98	169	3752	5903-157

APPLICANT
STEPHEN J. MEYER, MALVERN, PA; GEORGE S. POLAN, PERKIOMENVILLE, PA;
JAMES E. GOLINVEAUX, NORTH WALES, PA.

CONTINUING DOMESTIC DATA***
VERIFIED

SPO 12/14/99 NONE

371 (NAT'L STAGE) DATA***
VERIFIED

SPO 12/14/99 NONE

FOREIGN APPLICATIONS***
VERIFIED

SPO 12/14/99 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
Verified and Acknowledged <u>SPO</u> Examiner's Initials _____ Initials _____					

SEE CUSTOMER NUMBER: 000570

ORDINARY HAZARD EXTENDED COVERAGE SIDEWALL SPRINKLERS AND SYSTEMS

FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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